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Position Statements

AUA Position Statement on the Use of Vaginal Mesh for the Surgical Treatment of Stress Urinary Incontinence

Stress urinary incontinence (SUI) is defined as the involuntary leakage of urine with effort or exertion, such as physical exercise, sneezing or coughing. Approximately 50% of all women experience SUI symptoms, and many of these women are sufficiently bothered by their symptoms to seek treatment from a physician. Pelvic floor muscle exercises and other nonsurgical treatments can be effective therapies, but many women choose to undergo surgery to treat their SUI symptoms. Suburethral synthetic polypropylene mesh sling placement is the most common surgery currently performed for SUI. Extensive data exist to support the use of synthetic polypropylene mesh suburethral slings for the treatment of female SUI, with minimal morbidity compared with alternative surgeries. Advantages include shorter operative time/anesthetic need, reduced surgical pain, reduced hospitalization, and reduced voiding dysfunction. Mesh-related complications can occur following polypropylene sling placement, but the rate of these complications is acceptably low. Furthermore, it is important to recognize that many sling-related complications are not unique to mesh surgeries and are known to occur with non-mesh sling procedures as well. It is the AUA's opinion that any restriction of the use of synthetic polypropylene mesh suburethral slings would be a disservice to women who choose surgical correction of SUI.

Multiple case series and randomized controlled trials attest to the efficacy of synthetic polypropylene mesh slings at 5-10 years. This efficacy is equivalent or superior to other surgical techniques. There is no significant increase in adverse events observed over this period of follow-up. Based on these data, the AUA Guideline for the Surgical Management of Stress Urinary Incontinence (2009) concluded that synthetic slings are an appropriate treatment choice for women with stress incontinence, with similar efficacy but less morbidity than conventional non-mesh sling techniques. The AUA Guideline also indicates that intra-operative cystoscopy should be performed during all synthetic sling procedures to identify urinary tract injury.

The AUA strongly agrees with the FDA¹ that a thorough informed consent should be conducted prior to synthetic sling surgery. The AUA also agrees that surgeons who wish to perform synthetic sling surgery should:

- Undergo rigorous training in the principles of pelvic anatomy and pelvic surgery.
- Be properly trained in specific sling techniques.
- Be able to recognize and manage complications associated with synthetic mesh sling placement.

[Read more patient-centered information on this issue from the Urology Care Foundation.](#)

¹ <http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm262435.htm>

Board of Directors, November 2011

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